Pony Preschool & Child Development Center LLC
490 North 4th Street
Bayport, Minnesota 55003

Admission & Financial Arrangement Form

Child's Information

Child's Name _____
Last First Middle

Date of Birth _____ Age _____ Special Diet or Conditions _____

Infant Schedule: _____

Parent Information

	Mother	Father
Name	_____	_____
Place of Employment	_____	_____
Work Phone Number	_____	_____
Home Address	_____	_____
	_____	_____
Home Phone Number	_____	_____
Cell Phone Number	_____	_____

Emergency Contact Information

1. Name _____
   Address _____
   Phone # _____
   Relationship _____

2. Name _____
   Address _____
   Phone# _____
   Relationship _____

Persons Authorized to pick up child

	Name	Phone Numbers	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Medical Information

Physician's Name _____ Phone # _____

Name of Insurance Co. _____ Phone # _____

Dentist's Name _____ Phone# _____

Name of Insurance Co. _____ Phone # _____

Authorization is hereby given to Pony Preschool&Child Development Center to provide transportation for my child during field trips. Yes _____ No _____